

FILED MAR 19 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8036

State File No. ....

BIRTH NO. 199 REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <u>Boone</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>		
b. CITY OR TOWN <u>Columbia</u>		c. LENGTH OF STAY* (in this place) <u>10A</u>	c. CITY OR TOWN <u>Columbia</u>		d. STREET ADDRESS (If rural, give location) <u>100 Davis</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone Co. Hosp.</u>			d. STREET ADDRESS (If rural, give location) <u>100 Davis</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Deborah</u> b. (Middle) <u>Ann</u> c. (Last) <u>Bentley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-10-56</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>3.3.56</u>	9. AGE (In years last birthday) <u>7</u>	10. MONTHS <u>7</u>	11. DAYS <u>7</u>	12. HOURS <u>0</u>	13. MIN. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Columbia Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Alfred W. Bentley</u>		13b. MOTHER'S MAIDEN NAME <u>Lola Faye Burton</u>		14. NAME OF HUSBAND OR WIFE			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alfred Bentley</u> ADDRESS <u>Columbia Mo.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SEPSIS</u>			DUE TO (b) <u>OMPHALITIS AND PYODERMIA</u>				<u>24 hrs.</u>	
ANTECEDENT CAUSES			DUE TO (c) <u>PREMATURITY</u>				<u>6 days</u>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7675</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
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22. I hereby certify that I attended the deceased from 3-3, 1956, to 3-10, 1956, that I last saw the deceased alive on 3-10, 1956, and that death occurred at 4:21 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edward Washington M.D.</u> (Degree or title)		23b. ADDRESS <u>999 University Ave Columbia, Mo.</u>		23c. DATE SIGNED <u>3-10-56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Mar. 12-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Galvary</u>	24d. LOCATION (City, town, or county) (State) <u>Columbia Mo.</u>		
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DATE REC'D BY/LOCAL REG. <u>Mar. 12 1956</u>		REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stuart R. Parker</u> ADDRESS <u>Columbia Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by not

Student Embalmer No. X

working under my personal supervision.

Student .....  
Student Embalmer

Signed Steven P. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.